

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
CHIEF INFORMATION OFFICE – SYSTEMS MANAGEMENT DIVISION**

MAINTENANCE REQUEST

DATE OF REQUEST	TYPE OF REQUEST	TYPE OF PROBLEM	FISCAL YEAR	NUMBER
	NEW <input type="checkbox"/> REVISION <input type="checkbox"/> CANCEL <input type="checkbox"/>	<input type="checkbox"/> ON-LINE <input type="checkbox"/> BATCH		

PROBLEM DESCRIPTION

DMH Signatures:

User/Manager (if applicable) _____

System Analyst _____

Division Chief _____

Security Administrator _____

ATTACHMENTS: YES ☐ NO ☐

CORRECTIVE ACTION:

Contractor Signatures:

Programmer _____

Contractor Manager _____

Date: _____